



Affiliation/ Renewal

National network/ CSOs (Civil Society Organizations)

I. General Information				
1. Name of the Network/ CSO				
2. Country- City				
3. Responsible person and title				
3. Contact information	Email address			
	Mailing address			
	Telephone number			
	Fax number			
	Website address			
5. registration number and year of registration	Please provide a copy of the official document if any Number: _____ registration year: _____			
II. Mission Statement				
4. Mission statement				
5. Coverage (Mark the column next to the corresponding area)	One city/ district		More than one city/district Specify:	
	National coverage		Regional coverage Specify:	
	International coverage Specify:			
6. Areas of HIV related work (Mark the column next to the corresponding area)	Awareness		Voluntary Counseling and Testing (VCT)	
	Advocacy		Counselling	
	Outreach Programs		Antiretroviral Therapy (ARV)	
	Prevention		Other:	
7. Target groups (Mark the column next to the corresponding area)	Youth		People Who Inject Drugs (PWID)	
	Men having Sex with Men (MSM)		Sex Workers	
	Support Groups of PLHIV		Other:	
III. CSOs members (for National Networks)				
5. CSOs members	Association Name and contact person	Legal status	Field of Work	Telephone, email, P.O.box



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Please provide a list of all CSOs members	1				
	2				
	3				
IV- Communication officer					
Information related to the Communication Officer	Name and position				
	Telephone number				
	Emailing address				
V- other					
Is the CSO/ Network member at RANAA? And since when	Yes	Since			
	No				
V- other					
<p>I undersigned (Name) as (title) have reviewed and agreed on the contents of the duties and responsibility. I hereby apply for:</p> <p>RANAA membership <input type="checkbox"/></p> <p>Renewal of membership <input type="checkbox"/></p> <p>in the name of (association/network)</p>					
Date			Signature and Stamp		